



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 010692-004532US
<b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/669,099		Filed September 22, 2003
For NITRIC OXIDE DONOR COMPOSITION AND METHOD FOR TREATMENT OF ANAL DISORDERS		
Art Unit 1654		Examiner Tate, Christopher Robin
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		
I am the	<input type="checkbox"/> applicant/inventor.	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,946</u>	
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
 Signature		October 17, 2005 Date
Frank J. Mycroft, Reg. No. 46,946 Typed or printed name		925-472-5000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		